



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Providers of Dental Services participating in the Virginia Medical Assistance Program, Managed Care Organizations (MCOs) providing services to Virginia Medicaid, FAMIS, and FAMIS Plus recipients, and all holders of the *Dental* Provider Manual

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services (DMAS)

**MEMO** Special  
**DATE** 6/10/2005

**SUBJECT:** *Smiles For Children*, Virginia's Dental Program for Medicaid, FAMIS, and FAMIS Plus Children – Effective July 1, 2005

Effective July 1, 2005, the Department of Medical Assistance Services (DMAS) will be implementing a new dental program, *Smiles For Children*, for Medicaid, FAMIS, and FAMIS Plus children. Doral Dental USA (Doral), the new DMAS Dental Benefits Administrator, will administer the new program. DMAS has been working closely with the Virginia Dental Association (VDA), the Old Dominion Dental Society (ODDS), the Dental Advisory Committee (DAC), and other interested groups to develop the *Smiles For Children* dental program. *Smiles For Children* is designed to improve access to and increase utilization of dental services. The major components of the program include:

- Consolidation of pediatric dental services for approximately 400,000 Medicaid, FAMIS, and FAMIS Plus children enrolled in fee-for-service (FFS) and managed care organizations (MCOs);
- An unprecedented 30 percent overall increase in funding for dental fees approved by the 2005 General Assembly. The bulk of the fee increase (28%) goes into effect July 1, 2005 (the remaining 2% increase goes into effect on May 1, 2006); specific fees are provided in Attachment I; and
- Simplified program administration that includes conforming to industry standards, flexible claims filing options, timely reimbursement, minimal authorization requirements, a dedicated call center with provider relations staff, and expanded outreach to dental providers.

DMAS is currently working with Doral to make the transition to the ***Smiles For Children*** program as seamless as possible for recipients and providers. The key issues are briefly summarized below:

- Providers currently enrolled with DMAS and the managed care organizations' (MCOs) dental plans will be enrolled in the ***Smiles For Children*** network according to the DMAS ***Smiles For Children*** credential requirements, which can be found on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Dentists enrolled in the ***Smiles For Children*** program will be listed in the ***Smiles For Children*** provider directory. Please visit the DMAS website ([www.dmas.virginia.gov](http://www.dmas.virginia.gov)) for more details.
- Doral will be sending all participating providers a welcome letter, a ***Smiles For Children*** Office Reference Manual, and a provider identification number as well as some information on provider training sessions.
- The ***Smiles For Children*** Office Reference Manual outlines procedures that dental providers should follow for services rendered on or after July 1, 2005. This manual and other important information can be accessed on Doral's website at [www.doralusa.com](http://www.doralusa.com).
- ***Smiles For Children*** covers all children under age 21. Recipients age 21 and over will receive the same limited oral surgery benefits that are currently provided under the Medicaid program. If you provide oral surgery services, you will receive a separate Medicaid Memo.
- Recipients will not receive a separate ***Smiles For Children*** ID card for dental services. Since Medicaid, FAMIS, and FAMIS Plus eligible recipients will receive dental coverage under ***Smiles For Children*** regardless of their MCO enrollment status, recipients may use their Commonwealth of Virginia (blue and white) plastic identification card or any of the following MCO cards: Virginia Premier Health Plan, Optima Health Family Care, UniCare Health Plan of Virginia, CareNet by Southern Health, AMERIGROUP (as of September 1, 2005), Anthem HealthKeepers Plus, Anthem HealthKeepers Plus by Peninsula, and Anthem HealthKeepers Plus by Priority. *(Although dental services have been carved out from the MCO contracts, all MCO ID cards list the 12-digit Medicaid, FAMIS, and FAMIS Plus ID number for eligibility verification purposes.)*
- Under ***Smiles For Children***, the number of services requiring prior authorization or pre-payment review is significantly reduced. (Please see Attachment I or the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) for the list of covered services and those requiring prior authorization or pre-payment review.)
- Payment for services which have been prior authorized or have been provided prior to July 1, 2005, will continue to be processed according to procedures in place prior to July 1, 2005. Effective with dates of service on July 1, 2005 and thereafter, Doral will process all dental claims. Paper claims should be submitted to the following address:

Doral Dental USA, LLC  
VA Claims  
12121 N Corporate Parkway  
Mequon, WI 53092

- For more information and billing options for submitting ***Smiles For Children*** electronic claims, call ***Smiles For Children*** at 1-800-341-8478 and press for option #6. Information on billing options is also available on Doral's website at [www.doralusa.com](http://www.doralusa.com).
- Orthodontists will receive a separate letter with information on how ***Smiles For Children*** will manage the transition of patients in treatment to the ***Smiles For Children*** program.
- Providers may submit ***Smiles For Children*** grievances to Doral at the following address:

Doral Dental USA, LLC  
***Smiles For Children***  
ATTN: Provider Grievances and Appeals  
12121 N Corporate Parkway  
Mequon, WI 53092

Providers may submit ***Smiles For Children*** appeals to Doral at the above address and then to the DMAS Appeals Division at the address below:

Director, Division of Provider Appeals  
Department of Medical Assistance Services  
600 E Broad Street  
Richmond, VA 23219

DMAS is working closely with Doral and dental providers to ensure that Medicaid, FAMIS, and FAMIS Plus children have access to quality dental care. You may have already received or you may be receiving information from Doral about ***Smiles For Children***. In addition, Doral and DMAS will be conducting a series of information sessions around Virginia to discuss the ***Smiles For Children*** program with dental providers (please see Attachment II for more information about these meetings).

If you have any questions regarding the ***Smiles For Children*** program and how it will affect your practice, please call the Provider Relations Department at Doral at 1-888-912-3456 or go to Doral's website at [www.doralusa.com](http://www.doralusa.com).

### **SMILES FOR CHILDREN CALL CENTER**

If you have any dental service questions, please contact the ***Smiles For Children*** Call Center at 1-888-912-3456. Doral has dedicated provider relations staff to answer any questions you may have regarding the ***Smiles For Children*** program. The ***Smiles For Children*** Call Center is available Monday through Friday from 8:00 a.m. to 6:00 p.m. (Eastern Time), except on state holidays, to answer questions.

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

Providers may access recipient eligibility information through Doral's Interactive Voice Response (IVR) system by calling 1-888-912-3456 or online through the "Providers Only"

section of Doral's website at [www.doralusa.com](http://www.doralusa.com). Both options are available 24 hours a day, seven days a week at no cost to the provider.

### **COPIES OF MANUALS**

The *Smiles For Children* Office Reference Manual outlines policies and procedures that dental providers should follow for services rendered on or after July 1, 2005, under the *Smiles For Children* program. Doral will be sending all participating providers an Office Reference Manual. This manual and other important information can also be accessed on Doral's website at [www.doralusa.com](http://www.doralusa.com).

DMAS will continue to make its *Dental* Provider Manual available to providers on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Please refer to this manual for procedures that should be followed for services rendered prior to July 1, 2005. If you do not have access to the Internet or would like a paper copy of the DMAS *Dental* Provider Manual, you can order it by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. This newsletter will contain information pertinent to all providers and various aspects of the Medicaid and FAMIS programs, not just the dental program. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-provider\\_newletter.asp](http://www.dmas.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (11)

# Attachment I

## New Dental Rates and Prior Authorization (PA)/Pre-payment Review (PR) Requirements for Recipients Under 21 (Effective 7-1-05)

PROCEDURE CODE	DESCRIPTION	CURRENT RATE	NEW RATE	Prior Authorization (PA)/ Pre-payment Review (PR)	NOTES	IC RATE
D0120	PERIODIC ORAL EVALUATION	13.16	20.15			
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	20.24	24.83			
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	22.26	31.31			
D0210	INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	46.38	71.91			
D0220	INTRAORAL - PERIAPICAL FIRST FILM	9.11	11.18			
D0230	INTRAORAL - PERIAPICAL, EACH	9.11	11.18			
D0240	INTRAORAL - OCCLUSAL FILM	10.00	12.27			
D0250	EXTRAORAL - FIRST FILM	38.46	47.19			
D0260	EXTRAORAL FILE, ADDITIONAL	35.00	42.94			
D0270	BITEWING, SINGLE FILM	9.11	11.18			
D0272	BITEWINGS - TWO FILMS	13.16	20.15			
D0274	BITEWINGS - FOUR FILMS	19.23	27.60			
D0330	PANORAMIC FILM	44.00	53.99			
D0340	CEPHALOMETRIC FILM	58.70	72.02			
D0470	DIAGNOSTIC CASTS	42.50	52.15			
D1110	PROPHYLAXIS - ADULT	38.46	47.19			
D1120	PROPHYLAXIS - CHILD	27.32	33.52			
D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - CHILD	16.94	20.79			
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) - ADULT	16.94	20.79			
D1351	SEALANT - PER TOOTH	26.31	32.28			
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	112.34	137.84			
D1515	SPACE MAINTAINER - FIXED - BILATERAL	186.22	228.49			
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	112.34	137.84			
D1525	SPACE MAINTAINER - REMOVABLE - BILATERAL	186.22	228.49			
D1550	RE-CEMENTATION OF SPACE MAINTAINER	43.52	53.40			
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	44.32	59.38			
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	57.48	75.53			
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	68.61	89.18			

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PROCEDURE CODE	DESCRIPTION	CURRENT RATE	NEW RATE	Prior Authorization (PA)/ Pre-payment Review (PR)	NOTES	IC RATE
D2161	MALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	77.72	100.36			
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	56.46	74.28			
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	68.61	89.18			
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	89.87	115.27			
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	104.04	132.66			
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	125.00	158.38			
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	56.46	74.28			
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	68.61	89.18			
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	89.87	115.27			
D2394	RESIN BASED COMPOSITE, 4 OR MO	100.00	127.70			
D2710	CROWN - RESIN (INDIRECT)	199.38	244.64	PR	Pre-Op X-Rays	
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	333.98	500.00	PR	Pre-Op X-Rays	
D2722	CROWN - RESIN WITH NOBLE METAL	416.98	500.00	PR	Pre-Op X-Rays	
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	388.64	500.00	PR	Pre-Op X-Rays	
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays	
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	383.58	500.00	PR	Pre-Op X-Rays	
D2792	CROWN - FULL CAST NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays	
D2794	CROWN - TITANIUM	393.70	500.00	PR	Pre-Op X-Rays	
D2915	RECEMENT POST AND CORE	35.42	43.46			
D2920	RECEMENT CROWN	35.42	43.46			
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	111.60	136.93			
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	111.60	136.93			

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PROCEDURE CODE	DESCRIPTION	CURRENT RATE	NEW RATE	Prior Authorization (PA)/ Pre-payment Review (PR)	NOTES	IC RATE
D2932	PREFABRICATED RESIN CROWN	104.50	128.22			
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	146.60	179.88			
D2934	STAINLESS STEEL CR - ESTHETIC	146.60	179.88			
D2940	SEDATIVE FILLING	33.40	40.98			
D2950	CORE BUILDUP, INCLUDING ANY PINS	89.87	110.27			
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	16.19	19.87			
D2952	CAST POST AND CORE IN ADDITION TO CROWN	100.29	123.06			
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	89.87	110.27			
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	295.08	362.06	PR	Pre-Op X-Rays	
D3110	PULP CAP DIRECT	15.00	18.41			
D3120	PULP CAP, INDIRECT	15.00	18.41			
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTI	67.80	83.19			
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	55.00	67.49			
D3230	PULPAL THERAPY, ANTERIOR, PRIM	135.00	165.65			
D3240	PULPAL THERAPY, POST-PRIMARY	170.00	208.59			
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	259.09	347.90			
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	300.59	398.82			
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	393.70	513.07			
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORAT	75.00	92.03			
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC	50.00	61.35			
D3353	APEXIFICATION/RECALCIFICATION - FINAL VST (INC COMPLETED ROOT CANAL THRPPY - APICAL CLOSURE	330.00	404.91			
D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	226.71	278.17	PR	Pre-Op X-Rays	

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PROCEDURE CODE	DESCRIPTION	CURRENT RATE	NEW RATE	Prior Authorization (PA)/ Pre-payment Review (PR)	NOTES	IC RATE
D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)	226.71	278.17	PR	Pre-Op X-Rays	
D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)	226.71	278.17	PR	Pre-Op X-Rays	
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	100.00	122.70	PR	Pre-Op X-Rays	
D3430	RETROGRADE FILLING - PER ROOT	50.00	61.35	PR	Pre-Op X-Rays	
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER	277.31	340.26			
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE TEETH, PER QUADRANT	200.00	200.00			
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR BOUN	430.13	527.77	PR	Periodontal Charting and Pre-Op X-Rays	
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE TEETH, PER QUADRANT	300.00	368.04	PR	Periodontal Charting and Pre-Op X-Rays	
D4263	BONE GRAFT, 1ST SITE-QUADRANT		218.00	PR	Periodontal Charting and Pre-Op X-Rays	
D4264	BONE GRAFT ADDTL SITE, QUAD		109.00	PR	Periodontal Charting and Pre-Op X-Rays	
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	199.38	244.64			
D4271	FREE SOFT TISSUE PROCEDURE (INCLUDING DONOR SITE SURGERY)	275.00	337.43			
D4273	SUBEPITHELIAL SOFT TISSUE GRAFT	325.00	398.71			
D4320	PROVISIONAL SPLINTING - INTRACORONAL	119.43	146.52			
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	209.50	257.06			
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPAC	75.91	93.14			
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	40.00	49.08			
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	15.95	19.57			
D4910	PERIODONTAL MAINTENANCE	50.60	62.09			
D5110	COMPLETE DENTURE - MAXILLARY	550.00	674.85			



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PROCEDURE CODE	DESCRIPTION	CURRENT RATE	NEW RATE	Prior Authorization (PA)/ Pre-payment Review (PR)	NOTES	IC RATE
D5120	COMPLETE DENTURE - MANDIBULAR	550.00	674.85			
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH	538.43	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEET	538.43	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5213	AXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CO	605.00	742.34	PR	Pre-Op X-Rays of All Teeth in Arch	
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY	605.00	742.34	PR	Pre-Op X-Rays of All Teeth in Arch	
D5225	MAX PART DENTURE, FLEX. BASE	538.43	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5226	MAND PART DENTURE, FLEX BASE	538.43	660.65	PR	Pre-Op X-Rays of All Teeth in Arch	
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	223.30	273.99	PR	Pre-Op X-Rays of All Teeth in Arch	
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	26.31	32.28			
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	26.31	32.28			
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	16.19	19.87			
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	16.19	19.87			
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	67.80	83.19			
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	55.66	68.29			
D5610	REPAIR RESIN DENTURE BASE	67.80	83.19			
D5620	REPAIR CAST FRAMEWORK	98.18	120.47			
D5630	REPAIR OR REPLACE BROKEN CLASP	94.13	115.48			
D5640	REPLACE BROKEN TEETH - PER TOOTH	89.07	109.27			
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	77.94	95.63			
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	94.13	115.48			
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	164.97	202.39			
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	164.97	202.39			

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PROCEDURE CODE	DESCRIPTION	CURRENT RATE	NEW RATE	Prior Authorization (PA)/ Pre-payment Review (PR)	NOTES	IC RATE
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	84.01	103.06			
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	84.01	103.06			
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	193.30	237.14			
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	193.30	237.14			
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	119.43	146.52			
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	119.43	146.52			
D5951	FEEDING AID	319.00	391.41			
D6205	PONTIC, RESIN BASED	382.80	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	350.90	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6212	PONTIC - CAST NOBLE METAL	416.98	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6214	PONTIC, TITANIUM	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	382.80	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	382.80	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6252	PONTIC - RESIN WITH NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	239.25	293.56	PR	Pre-Op X-Rays of All Teeth in Arch	
D6710	CROWN, RESIN BASED	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	382.80	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	

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PROCEDURE CODE	DESCRIPTION	CURRENT RATE	NEW RATE	Prior Authorization (PA)/ Pre-payment Review (PR)	NOTES	IC RATE
D6722	CROWN - RESIN WITH NOBLE METAL	439.24	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	382.80	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	385.00	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6792	CROWN - FULL CAST NOBLE METAL	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6794	CROWN, TITANIUM	393.70	500.00	PR	Pre-Op X-Rays of All Teeth in Arch	
D6930	RECEMENT FIXED PARTIAL DENTURE	51.61	63.33			
D6970	CAST POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	100.29	123.06			
D6971	CAST POST AS PART OF FIXED PARTIAL DENTURE RETAINER	63.80	78.27			
D6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	89.87	110.27			
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	89.87	110.27			
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH	15.00	18.41			
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	47.56	63.36			
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL O	77.94	110.63			
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	102.22	125.42			
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	154.85	190.00			
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	180.15	221.04			
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	200.00	245.40	PR	Pre-Op X-Rays	
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	92.10	113.01			

# Attachment I

## New Dental Rates and Prior Authorization (PA)/Pre-payment Review (PR) Requirements for Recipients Under 21 (Effective 7-1-05)

PROCEDURE CODE	DESCRIPTION	CURRENT RATE	NEW RATE	Prior Authorization (PA)/ Pre-payment Review (PR)	NOTES	IC RATE
D7260	OROANTRAL FISTULA CLOSURE	311.64	382.38			
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	150.00	184.02			
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	275.00	337.43	PR	Narrative	
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	205.15	251.72	PR	Pre-Op X-Rays and Narrative	
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	102.22	125.42			
D7283	PLACEMENT, DEVICE TO AID ERUPT	35.00	42.94	PR	Pre-Op X-Rays and Narrative	
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	66.79	81.95			
D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHERS)	66.79	81.95			
D7288	BRUSH BIOPSY	50.00	61.35			
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	83.00	101.84			
D7311	ALVEOLOPLASTY W/ EXT 1-3 TEETH	40.00	49.08			
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	139.67	171.38			
D7321	ALVEOLOPLASTY, W/O EXT	70.00	85.88			
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	115.84	142.14	PR	Copy of Pathology Report	
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	131.22	161.01	PR	Copy of Pathology Report	
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	139.67	171.38			
D7472	REMOVAL OF TORUS PALATINUS	200.00	245.40			
D7473	REMOVAL OF TORUS MANDIBULARIS	139.67	171.38			
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	139.67	171.38			
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	25.30	31.04			
D7511	INCISION, DRAINAGE INTRA - COM		68.00			
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT"	319.00	391.41			
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	277.31	340.26			

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PROCEDURE CODE	DESCRIPTION	CURRENT RATE	NEW RATE	Prior Authorization (PA)/ Pre-payment Review (PR)	NOTES	IC RATE
D7963	FRENULOPLASTY	300.00	368.04			
D7970	ARCH	133.60	163.90			
D7971	EXCISION OF PERICORONAL GINGIVA	70.84	86.92			
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	133.60	163.90			
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	270.23	331.57	PR	Narrative of Need	
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	270.23	331.57	PR	Narrative of Need	
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	270.23	331.57	PR	Narrative of Need	
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	2,860.00	IC	PA		3,509.22
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	2,860.00	IC	PA		3,509.22
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	2,860.00	IC	PA		3,509.22
D8210	REMOVABLE APPLIANCE THERAPY	165.00	202.46			
D8220	FIXED APPLIANCE THERAPY	200.39	245.88			
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE - BY REPORT		IC	PR	Narrative of Need	
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	39.47	48.43			
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	73.38	128.00			
D9221	DEEP SEDATION/GENERAL ANES, AD	12.23	64.00			
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	27.50	33.74			
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	55.00	110.00			
D9242	INTRAVENOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES		50.00			
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	55.00	67.49			
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER)	67.80	83.19			
D9420	HOSPITAL CALL	52.62	64.56			

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PROCEDURE CODE	DESCRIPTION	CURRENT RATE	NEW RATE	Prior Authorization (PA)/ Pre-payment Review (PR)	NOTES	IC RATE
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	26.31	32.28			
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	16.19	19.87			
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	16.19	19.87			
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	26.31	32.28			
D9920	BEHAVIOR MANAGEMENT, BY REPORT	55.83	68.50			
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	27.32	33.52			
D9999	UNSPECIFIED PROCEDURE - BY REPORT		IC	PA	Hospital Cases Only	153.25
			IC	PR	Non-Hospital Cases	

Note: Planned, medically necessary, covered oral surgery for recipients age 21 and over require prior authorization by Doral

## Attachment II

### *Smiles For Children* Information Sessions

Providers, please join Doral Dental USA and the Department of Medical Assistance Services (DMAS) at one of the informational meetings listed below to learn more about the many exciting benefits associated with *Smiles for Children*. Refreshments will be served and you are welcome to bring as many people from your office as you like. Please contact Ms. Ericka Koehler at 800-417-7140, extension 3230, to inform her of how many of your staff will attend.

**Monday June 20<sup>th</sup>, 2005 at 12:30 - 1:30 pm**

Doubletree Hotel Norfolk  
800 N Military Hwy  
Norfolk, VA 23502  
757-761-9192

**Monday June 20<sup>th</sup>, 2005 at 5:30 - 6:30 pm**

The Berkeley Hotel  
1200 East Cary Street  
Richmond, VA 23219  
804-225-5141

**Tuesday June 21<sup>st</sup>, 2005 at 7:00-8:00 am**

Holiday Inn Express-South Boston  
1074 Bill Tuck Hwy  
South Boston, VA 24592  
434-575-4000

**Tuesday June 21<sup>st</sup>, 2005 at 1:00-2:00 pm**

La Quinta Inn Bristol  
1014 Old Airport Rd  
Bristol, VA 24201  
276-669-9353

**Tuesday June 21<sup>st</sup>, 2005 at 5:00-6:00 pm**

Days Inn Airport  
8118 Plantation Road  
Roanoke, VA 24019  
540-366-0341

**Wednesday June 22<sup>nd</sup>, 2005 at 9:00-10:00 am**

The Omni Hotel  
235 West Main Street  
Charlottesville, VA 22902  
434-817-6626

**Wednesday June 22<sup>nd</sup>, 2005 at 5:00-6:00 pm**

Marriott Crystal Gateway  
1700 Jefferson Davis Highway  
Arlington, VA 22202  
703-271-5222

*If you are unable to attend any of these meetings, you may contact our network development team with questions at 1-800-685-9971.*